

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>												
<b>1. Name and Address of Committee</b>  BAYOU LEADERSHIP PAC 5172 CHITIMACHA TRAIL JEANERETTE, LA 70544  Check If: New Committee _____	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/20/2016</div> <b>3. Estimated Membership</b>  <div style="text-align: center;">100</div> <b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No         </div>	<b>Report Number:</b> 56134  <b>Date Filed:</b> 1/20/2016												
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>ROBERT L ALLIAN, II</td> <td>Chairperson</td> <td>5172 CHITIMACHA TRAIL</td> </tr> <tr> <td></td> <td></td> <td>JEANERETTE, LA 70544</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ROBERT L ALLIAN, II	Chairperson	5172 CHITIMACHA TRAIL			JEANERETTE, LA 70544		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>												
ROBERT L ALLIAN, II	Chairperson	5172 CHITIMACHA TRAIL												
		JEANERETTE, LA 70544												
	Treasurer													
<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
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<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>										
<u>a. Name</u>	<u>b. Address</u>													
<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b> a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee														
<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>													
<b>9. a. Name of Person Preparing Report</b> AMANDA MALOY  <b>b. Daytime Telephone</b> 225-767-7163														
<b>10. WE HEREBY CERTIFY</b> that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.  This <u>20th</u> day of <u>January</u> , <u>2016</u> .  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>ROBERT L. ALLIAN II</u>            Signature of Committee/Chairperson         </td> <td style="width: 50%; vertical-align: top;"> <u>337-276-5503</u>            Daytime Telephone         </td> </tr> <tr> <td style="vertical-align: top;">           _____            Signature of Committee Treasurer, if any         </td> <td style="vertical-align: top;">           _____            Daytime Telephone         </td> </tr> </table>			<u>ROBERT L. ALLIAN II</u> Signature of Committee/Chairperson	<u>337-276-5503</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone								
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_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone													

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

THE FIRST NATIONAL BANK

b. Address

PO BOX 151  
JEANERETTE, LA 70544